

REPORT SURVEY		1. DATE OF SURVEY 3 November 1955		2. TYPE OF REPORT REQUIRED <input checked="" type="checkbox"/> PREPARED <input type="checkbox"/>	
3. PERSON TO CONTACT REGARDING REPORT NAME 25X1A9a		COMPONENT Gen Counsel		ROOM NO. AND BLDG. 221 East	
4. REPORT TITLE Quarterly Mail Report		PHONE 712			
5. AUTHORITIES OR DIRECTIVES REQUIRING THIS REPORT R 40-175 (Section 306 of the Penalty Mail Act of 1948)					
6. REPORTING FREQUENCY (Daily, weekly, monthly, as situations occur, etc.) Quarterly		7. REPORT FORMAT (Form no., memorandum, machine tabulation, etc.) Memorandum			
8. DATE REPORT IS DUE 5 days following end of quarter		9. NUMBER OF REPORTS RECEIVED/PREPARED ANNUALLY IF REPORT IS A "SITUATION" REPORT			
10. OFFICES OR ACTIVITIES REQUIRED TO SUBMIT THIS REPORT All Agency components		11. DISTRIBUTION OF THIS REPORT ORIGINAL: Chief, Fiscal Division, Compt. COPIES: General Counsel			
12. ESTIMATE OF THE NUMBER OF MAN HOURS REQUIRED TO PREPARE THIS REPORT ONE TIME. INCLUDE MAN HOURS REQUIRED AT ALL LEVELS TO MAINTAIN RECORDS, COLLECT DATA, PREPARE FEEOR REPORTS, AND COMPILER THE FINAL REPORT.					5 minutes
13. COMPLETE THE FOLLOWING AS APPROPRIATE TO EITHER A "REQUIRED" OR "PREPARED" REPORT, OR BOTH, USING SPACE 14 IF NECESSARY.					YES NO
A. DOES THIS REPORT DUPLICATE IN WHOLE OR IN PART ANY OTHER REPORT? IF SO PLEASE EXPLAIN.					<input checked="" type="checkbox"/>
B. IS THE INFORMATION REPORTED IN MORE DETAIL, SUBMITTED MORE FREQUENTLY, OR GIVEN WIDER DISTRIBUTION THAN IS CONSIDERED NECESSARY TO SERVE THE PURPOSES FOR WHICH THE REPORT WAS ESTABLISHED?					<input checked="" type="checkbox"/>
C. IS THIS REPORT THE RESULT OF AN ADMINISTRATIVE OR PROCEDURAL PROBLEM WHICH SHOULD BE CORRECTED RATHER THAN REPORTED ON?					<input checked="" type="checkbox"/>
D. COULD THE PURPOSES OF THIS REPORT BE SERVED BY DIRECT SUPERVISION OR INSPECTION, OR BY BRIEFINGS, STAFF MEETINGS, ETC.?					<input checked="" type="checkbox"/>
E. HAS OFFICE ROUTINE EVER BEEN DISRUPTED OR HAS OVERTIME EVER BEEN REQUIRED TO MEET THE SUBMISSION DATE FOR THIS REPORT?					<input checked="" type="checkbox"/>
F. DO YOU RECOMMEND THAT THE FORM OR FORMAT OF THIS REPORT BE REVISED WITH RESPECT TO: (1) SPACING? (2) WEIGHT OF PAPER? (3) POSSIBLE ELIMINATION OF TRANSMITTAL CORRESPONDENCE?					<input checked="" type="checkbox"/>
G. IF THE REPORT IS REPRODUCED BY MIMEOGRAPH, OTTO, MULTILITH, ETC., DO YOU RECOMMEND THE PROCUREMENT OF REPRODUCIBLE MASTERS WITH HEADINGS, LINES, ETC. PREPRINTED THEREON TO EXPEDITE PREPARATION OF THE REPORT?					NA
H. WOULD YOUR OFFICE DISCONTINUE: (1) MAINTAINING (2) COMPILING					<input checked="" type="checkbox"/>
THE DATA BEING SUBMITTED IN THIS REPORT IS THE REQUIREMENT FOR ITS SUBMISSION WERE RESCINDED?					

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14. REMARKS (If you require this report, briefly state its purpose and fully justify its continuance. State any contemplated action for continuing the report. Consider changes in conditions since the report was established. If you prepare this report, furnish a general opinion of its value. Cite any evidence or lack of evidence that the report is worth its cost. Recommend any improvements, including methods for preparing and submitting the report.)

☐ CONTINUED ON SEPARATE SHEET

REVIEW BY CHIEF OF COMPONENT

RECOMMENDATIONS

☐ CONTINUED ON SEPARATE SHEET

DATE

Nov 1955

TITLE

LAWRENCE R. HOUSTON
General Counsel

SIGNATURE